



Riverview Memorial School
201 Mercer Rd.
Norridgewock, ME 04597
Phone/Fax: 207-634-2641
www.riverviewmemorialschool.org

MEDICAL CONSENT FORM

STUDENT INFORMATION		
LAST:	FIRST:	M.I.:
GRADE:	D.O.B.:	
MEDICAL INFORMATION		
PHYSICIAN'S NAME:		
PHYSICIAN'S ADDRESS:		
PHYSICIAN'S TELEPHONE:		
ALLERGIES:		
MEDICATION(S) CURRENTLY TAKING:		
EMERGENCY INFORMATION (please list any medical problems or other special instructions to be used in an emergency.)		
INSURANCE INFORMATION:		
Insurance ID #:		
EMERGENCY CONTACT INFORMATION (please provide name & phone numbers):		
FATHER:	PH:	
MOTHER:	PH:	
OTHER:	PH:	
MEDICAL INFORMATION		
MEDICAL: I do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the above-named physician or any physician the school may call.		
FIRST AID: I do hereby consent to reasonable and prudent first aid to be administered by school personnel to the said minor as circumstances merit.		
Signature of Parent/Guardian _____		Date _____

LAST MODIFIED: 08/02/2021

